OMB NO.: 1840-0736 Form Expires: 5/31/2002

LEARNING ANYWHERE ANYTIME PROGRAM FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION

TITLE PAGE

| This Application should be sent to: | 1. Application Number: |
|--|--|
| No. 84.339 | |
| U.S. Department of Education | |
| Application Control Center | 2. D-U-N-S Number: |
| Room 3633 | |
| Washington, D.C. 20202-4725 | |
| 3. Project Director (Name and Complete Mailing Address): | 4. List of Partners: |
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| T 1 1 | |
| Telephone: | |
| Fax: | |
| E-mail: | |
| 5 Endamal Francis Degranated | 6 Total Cost Chana Drawidad |
| 5. Federal Funds Requested: | 6. Total Cost Share Provided: |
| 1st Year only: | 7. Duration of Project: |
| 0 137 ('6 1' 11) | 7. Duration of Floject. |
| | Starting Date: |
| 3rd Year (if applicable): 4th Year (if applicable): | Starting Date: |
| 4th Teal (II applicable). | Ending Date: |
| | Ending Date: |
| Total Amount: | Total No. of Months: |
| Total Alliount. | Total Ivo. of Months. |
| 8. Proposal Title: | |
| O. D. CALL, J. CD. 1 (DO NOT LEAVE THE | C DI ANIZ) |
| 9. Brief Abstract of Proposal (DO NOT LEAVE THIS | 5 DLAINE): |
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| 10. Legal Applicant (Name & Complete Mailing Address): | 11. Population Directly Benefiting from the Project: |
| 10. Legar rippireum (vanie & complete vianing ridatess). | 11. Topulation Directly Benefitting from the Project. |
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| | |
| 12. Certification by Authorizing Official: | |
| | |
| | at the data in this application are true and correct, that the filing of the application |
| has been duly authorized by the governing body of the applicant, and approved. | d that the applicant will comply with the attached assurances if assistance is |
| approved. | |
| Print Name | Title Phone |
| a: | |
| Signature | Date |
| E ED 40 514 7/04 | |

Form ED 40-514, 7/94